

12 CV 04531

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Edward Pride

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Officer Cange works 4 AM to 12 PM
G.M.D.C. Rikers Island
The Department of Correction
Security Dept (G.M.D.C.)
Classification (G.M.D.C.)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

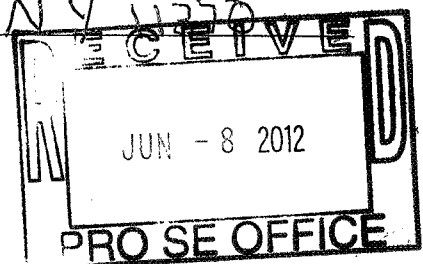
I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Edward Pride
ID # 141-11-03079
Current Institution George Motchan Detention Center
Address 15-15 Hazen St
East Elmhurst, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Officer Cange Shield # _____
Where Currently Employed G.M.D.C.
Address 15-15 Hazen St.
East Elmhurst, NY 11370



Defendant No. 2 Name Classification Department Shield # _____
Where Currently Employed G.M.D.C
Address 15-15 Hazen St.
East Elmhurst, NY 11370

Defendant No. 3 Name Security Department Shield # _____
Where Currently Employed G.M.D.C
Address 15-15 Hazen St.
East Elmhurst, NY 11370

Defendant No. 4 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
George Motchan Detention Center

B. Where in the institution did the events giving rise to your claim(s) occur?
Housing Unit 1 main (Dayroom)
High Classification Housing (17+)

C. What date and approximate time did the events giving rise to your claim(s) occur?
March 19th, 2011 between 11:00am and
12:00pm

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

D. Facts: ²⁰¹¹ On March 19th I, Edward Price was sitting in the classroom of 1 Main (High Classification Unit 27+) On this date my classification was on 8. I was watching the Prisoner's Right when I was savagely attacked by a gang member. The attack was unprovoked and Officer Cange witnessed the assault. After the assault Officer Cange had two inmates escort me to my cell and he locked me in my cell. He did not send me to get the medical attention I needed, nor did he write any infractions on anyone. I was locked in my cell (drifting in and out of consciousness) until the next morning. On March 20th 2011 at around 9:00 am I was called to the clinic for a follow-up and the clinic Officer saw my face and asked what happened. I told them they called the Security Department as well as a Deputy Warden Zumbull. This housing unit is reserved for gang members and violent prisoners, neither label applies to me. Three weeks prior to this assault the very same inmate threatened me in front of Officer Cange and he did nothing, even though the inmate has a mental disorder and is known as a troublemaker.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I sustained a fractured left eye socket, a fractured right foot. I had emergency surgery at Bellevue Hospital and had metal plates placed in my face to prevent my left eye from collapsing. As a result of the injuries I have 30% loss of vision in my left eye, permanent nerve damage in my face (left side).

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

George Motchan Detention Center

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

With the Inmate Grievance Resolution Program

1. Which claim(s) in this complaint did you grieve? Refusal of medical attention, placing me in a violent, gang infested unsafe setting

2. What was the result, if any? As of this writing the Board of Corrections forwarded my grievance to Department of Investigation

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I appealed to grievance, then to the Warden, then to Central Office Review Committee, then to the Board of Corrections where Investigator Armstead told me he forwarded my complaint to the Department of Investigation.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any: _____

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I was interviewed by a Mr. Armistead (investigator) from the Department of Corrections.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I would like to be compensated with \$250,000.00 two hundred-fifty thousand dollars. This would be for the physical forest trauma, the emotional and mental trauma I still suffer as a result of the Department of Corrections insistence on parading me through the facility where the attack took place and other gang members who were present at the assault labeled me a snitch and placed a contract on my life. Also an Officer Washington (Security) told me on March 20th the day after the assault that if I told him what cell the inmate was in he would get the inmate without implicating me. He went straight to the inmate cell, which told all the other inmates I told.

VI. Previous lawsuits:

On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes _____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5th day of June, 2012

Signature of Plaintiff

Edward Prude

Inmate Number

141-11-03079

Institution Address

18-18 Hazen St

E. Elmhurst NY 11370

A.M.K.C (C-95)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 5th day of June, 2012 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Edward Prude